

## **Community Planning Groups – what do they do?**

**There are three main objectives of community planning:**

- Identify populations at risk for HIV, based primarily on risk behaviors.
- Set priorities in the populations identified above based on morbidity, risk, and client or community needs and resources available.
- For each risk population, identify appropriate interventions based on morbidity, risk and needs assessments.

**The goal for community planning is** to provide specific interventions for specific populations with immediate outcomes specified for each intervention and these outcomes are logical and appropriate.

## **What qualifies CPGs to do this work?**

PIR – Parity, Inclusion and Representation.

- The principle of parity implies that all members of the CPG have equal opportunity to provide input and have an equal voice in decision making.
- Inclusion assures that all communities affected by the HIV, STDs and HCV are represented and involved in the community planning process.
- Representation assures that those selected to represent the community truly reflect the values, norms and behaviors of the community. This also includes participation of technical support specialties such as behavioral and survey scientists that participate to provide additional expertise in various stages of the process.

In Texas, PIR is established for each of the six CPGs independently. TDH reviews PIR inclusion through a procedure developed and approved by CPGs. This technique compares the representation by risk-behavior category, sex, race, ethnicity, and age groups of the CPG membership to that CPGs Plan Area's HIV and AIDS morbidity.

## What do CPGs use to be able to identify effective interventions?

Answer: They need to know **who's** at risk and **why** they are at-risk.

Target populations determined and prioritized based on:

- The 2000 HIV Epidemic Profile -- which includes morbidity information from HARS (HIV and AIDS cases) and STD\*MIS (primary & secondary syphilis, gonorrhea and chlamydia), and risk information from prevention counseling clients
- Needs assessments and resource inventories developed and analyzed by the CPGs and HETCAT.
- CPG discussions

Once they have identified, and ranked each target population according to their relative need, they identify specific interventions that would be appropriate for each population's behaviors and needs.

Although we can only include certain interventions in the RFP for HIV Prevention. The CPGs, however, are not limited to these interventions when selecting interventions for their subpopulations. They can include any intervention that has **documented evidence of effectiveness with the intended target subpopulation** in the Area Action Plan (AAP), with the understanding that it will not be possible for TDH to fund interventions that they do not include in the plan, or those that TDH is legally prohibited from funding (needle exchange for example).

**Table 2. Factors which influence behavior.**

<b>Factors which Influence Behavior (FIB)</b>	<b>Description of FIB</b>	<b>Example of FIB</b>
Stereotypical beliefs about who's at risk and misconceptions about how HIV/STDs and HCV are spread	A person may believe that he is not at risk because he doesn't have sex with gay men, even though he engages in risky behaviors with multiple female partners. There may be false assumptions about the "type" of person who gets HIV/STD/HCV, or a person may hold false beliefs about how HIV/STDs/HCV is transmitted.	<p>"basically, only IV drug users and gay men are really at risk"</p> <p>"I would never eat there, I've heard all the waiters are gay"</p>
The illusion of invulnerability	A personal belief that one is immune to risk, and that it's OK to engage in high-risk behaviors. A related notion is "optimistic bias". People generally tend to underestimate their personal risk in comparison to the risk faced by others who are engaging in the same behaviors as they are.	<p>"Yeah, I know what they say about the odds, but I just don't think it will happen to me"</p>
Fatalism	A belief that circumstances are beyond one's control. Nothing a person does will change what is going to happen anyway. The degree of fatalism a person adopts may be affected by the options he believes are available to him – fewer options can lead to a greater sense of fatalism.	<p>"I'm young and gay, so AIDS is going to get me eventually. I might as well enjoy myself while I'm here"</p>
Perceived severity	Some people may perceive HIV to be less of a threat now that there are treatments for HIV infection. Another possibility is that a person may place a very high value on behaviors associated with HIV (e.g., anal sex); because of this, the threat of infection is seen as a less severe outcome than not being able to engage in the risky behaviors.	<p>"He's infected, but it doesn't seem to have changed his life any."</p> <p>"Listen, I spent a lot of years coming to terms with the ways I like to have sex. What I do makes me who I am – don't take that away from me."</p>

Factors which Influence Behavior (FIB)	Description of FIB	Example of FIB
Problem hierarchy	A person may have other concerns that need immediate attention and that put the threat of STD/HIV/HCV into the background. People who live in communities where violence is widespread, for example, are more likely to prioritize other issues than avoiding HIV/STDs/HCV.	"I'm much more concerned about my kids surviving in this neighborhood...my health is just going to have to take care of itself."
Self-efficacy	The degree of confidence a person has about being able to perform a specific behavior. Self-efficacy has both cognitive (thought) and behavioral dimensions. For example, general attitudes about self are likely to influence one's sense of efficacy about a behavior that is difficult to perform; at the same time, self-efficacy may be increased through practicing a behavior or by watching others similar to you perform the behavior.	"I was honest and upfront with my last boyfriend, so when a new guy comes along, I won't have any problem bringing up condoms."
Self-esteem	Whereas self-efficacy relates to one's confidence in the ability to perform a specific behavior, self-esteem is a more global sense of being a loveable, likeable, and valuable person. Some theorists argue that there are "categories" of self-esteem – that a person may have high self-esteem when it comes to his physical appearance, but low self-esteem when it comes to his intellectual abilities, for example. Others believe that self-esteem is a more global concept, and has to do with valuing one's worth despite the imperfections!	"I know she's cheating on me, but I am afraid to confront her, because I am so happy that she has chosen a loser like me"

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Intentions	An intention is a plan to perform a specific behavior. Intentions can be weak or strong. When they are strong, there is a commitment to carry out the behavior. Behaviors follow most closely from intentions when the intended behavior does not involve the cooperation of other people or organizations. If the behavior does involve one or more others, the transition from intention to behavior is less straightforward. People of higher status and power may have more opportunities to turn their intentions into behaviors than those who are less well off.	"I really have thought about it a lot. There's no way I'm gonna have sex unless there's protection around"
Expected outcomes	When a person contemplates changing a behavior, she imagines the effect that the change will have on her relationships, on other people's opinions of her, and so on. Some of these perceived "outcomes" may be desirable, while others may not. The balance between wanted vs. unwanted outcomes may help "tip the scales" either for or against carrying out a behavior change.	"Yeah, sure, everyone talks about safe sex, but when it comes right down to it, if the hottest man in town is at my doorstep, talking about condoms may just be too risky! I mean once the "c" word is out of my mouth, he might be out of my life!"
Ambivalence	Sometimes a person may have plenty of information about a health risk and may see the need for change, but because the change is felt to be difficult, or to involve tough trade-offs, an attitude of ambivalence is adopted.	"It's really crazy....everyone is saying something different. How am I supposed to know how I feel?"

Factors which Influence Behavior (FIB)	Description of FIB	Example of FIB
Self-standards / self-identity	Self-standards are perceptions that a person has about what behaviors are, or are not, the “kind of thing I would do”. People usually behave in ways that are consistent with their self-standards. These self-standards are formed in part by past experiences. For example, a person might see himself as careful or risk-taking, as someone who does or does not use condoms, etc.	“I’m a Latino man, and Latinos just don’t do that”
Positive and negative moods	Behaviors are often more than the result of a series of purely rational thoughts. Sometimes the role of mood on risk behaviors is indirect. For example, a person might be sad or depressed, and deal with it by drinking, which in turn can lead to engaging in unsafe sex.	“I feel so (good; depressed; angry; turned on), I just want to get laid”
Shame and guilt	Psychologists make a distinction between moods – which are generally thought to have a more changeable quality – and emotions. Two emotions that appear to be especially relevant in the case of sexual behaviors are shame and guilt. Because of cultural or religious stigma about homosexuality, or about sexuality in general, sex can bring up difficult emotions (such as shame or guilt) for a person. One way people may cope with feelings of shame or guilt is to participate in sets of high-risk behaviors.	<p>“How can I plan for sex if I’m not supposed to be having it?”</p> <p>“I couldn’t really tell you how it happened. I thought I was just going for a walk.”</p>

Factors which Influence Behavior (FIB)	Description of FIB	Example of FIB
Sexual arousal can influence risky behavior	Arousal and the desire to continue being aroused, can motivate risk-taking behaviors, even when an awareness of risk exists at other times. Being aroused can also make correct use of condoms or other protection more difficult. Sexual arousal is a powerful motivation.	<p>“When I get turned on, protecting myself is the last thing on my mind”</p> <p>“Seeing a possible partner as a potential disease vector isn’t exactly making me hot”</p>
Communication and negotiation	Comfort levels and communication skills related to talking with a partner about sexual practices or drug use will affect both the likelihood of such conversations taking place and their outcomes. While communication enhancement can be an intervention goal, it’s also important to recognize that cultural groups have varying standards about the appropriateness of talking about sex with one’s sexual partner (or with anyone else).	<p>“We’ve never talked about our sex life. I wouldn’t know where to begin.”</p> <p>“We talked and it was great. I think we both got what we wanted”</p>
Cultural norms about sexuality and gender roles.	Every culture has norms for sexual behavior, and about the proper behaviors of women and men. Traditionally, men are expected to “take charge” in a heterosexual relationship. Within some cultural group, sex outside marriage may be acceptable for the husband, but not for the wife.	<p>“I wouldn’t dare bring it up to my husband. He would accuse me of not trusting him and then he’d suspect that I had been sleeping with someone else.”</p>
Interpersonal power dynamics: coercion, sex for drugs	Sometimes, people pressure their sexual partners to engage in high-risk activities. Unequal power in the relationship, and the stakes involved in not complying, can make refusal difficult.	<p>“I’m frightened that if I don’t do what my partner wants, I’ll end up beat up and back on the street.”</p>



Factors which Influence Behavior (FIB)	Description of FIB	Example of FIB
Relationship development	To some extent, the relative ease or difficulty in dealing with sexual issues in a relationship will depend on the type of relationship or how long the two people have been together. The challenges of addressing safer sex issues are often different in a new or casual relationship than in established relationships.	<p>"I probably won't ever see this person again. Why bother?"</p> <p>"I'm in a committed relationship, how can I raise this issue now?"</p>
Group norms	Norms are standards for behavior that exist within social groups of various sizes, from a friendship group to a cultural group that a person identifies with. A person may identify with more than one social group, including those formed by ethnicity, sexual identity, gender, drug use, etc.	<p>"My people don't shoot drugs"</p>
Peer pressure	Beginning in adolescence, the attitudes and behaviors of one's peers are an especially important influence on an individual's behavior.	<p>"All my friends use condoms; we believe in being safe."</p> <p>"My friends would think I was uptight if I didn't have sex with him"</p>
Social support	Social support can encourage or undermine the adoption and or maintenance of behaviors. Social support can come from an individual, such as when a friend supports a decision that a person has made. It can also come from a social group or community, in the form of a general awareness that one's actions are supported and encouraged.	<p>"My friends get after me to clean my works before shooting, so I usually do"</p> <p>"I get a lot of respect now that I've gotten my act together"</p>

Factors which Influence Behavior (FIB)	Description of FIB	Example of FIB
Environmental barriers or facilitators	A person's physical environment can either help or impede the adoption of risk reduction behaviors. The availability of transportation, neighborhood safety, the presence of safe meeting places, are examples of aspects of the physical environment that affect health-related behaviors.	"I don't own a care, and the HIV testing clinic is across town. It takes me 3 hr by bus to reach the clinic."
Social policies	Social policies , in the form of local regulations as well as legislation on the state, and federal level, have an impact on the prevention of sexually-transmitted diseases.	Regulations may exist about syringe exchange or the distribution of condoms in schools.
Social inequalities	Racism, sexism, heterosexism, and socioeconomic stratification are deeply embedded in our culture, and they affect the resources available to people, as well as the health-related behaviors that people adopt. These inequalities can affect, for example, the quality of available health care. People may be treated differently by doctors depending on their social class, race, or gender. The dispersal of accurate information may also vary – misinformation about how STDs are transmitted may persist among people with less access to education. Finally, trust in government authority (including public health) may be diminished among members of groups that have historically received unequal treatment by society's institutions.	The Tuskegee Syphilis Study

Factors which Influence Behavior (FIB)	Description of FIB	Example of FIB
Sense of community	People within a community may have a sense of a shared “belongingness” and identification with their community. There is a shared belief that members of the community can exert some control over what takes place around them, and are influenced, in turn, by the community as a whole. There is a psychological investment in the community, and a belief that the community can take care of many of an individual’s needs.	“The local gay/lesbian association and its activities provides me with confidence that my concerns are heard in the community at large”
Social capital	This is a term coined to represent the about of influence a person is able to exert in given situations based on her or his position in society. Social capital is determined in part by the position occupied by your family of origin, and can be accrued by obtaining more education or more wealth or both.	“The wife of the newly elected Governor has always been an advocate for increased access to drug treatment, now she is in a position that allows her voice to bear some weight in increasing treatment services”

(version as of 7/19/01)

### Table 3. Area Action Plan Example

Here is an example of the level of information that will be provided for each target population in each AAP.

**Target Population:** Young African American Youth atrisk (male and female, ages 13-19)

Intervention Type	Description	Immediate Outcomes	Rationale
<i>Outreach</i>	Provides higher-level awareness of prevention activities in their community, and enhance awareness of risks for acquiring HIV. Intervention occurs at places where African American Youth Congregate – Malls, bowling alleys, street corners, parks, country clubs.	<ul style="list-style-type: none"> <li>• Increased awareness of susceptibility.</li> <li>• Increased knowledge of HIV prevention services in community.</li> <li>• Referral of high-risk clients to PCPE.</li> <li>• Referral of high-risk clients to BART.</li> <li>• Referral of high-risk clients to STD clinic.</li> </ul>	<p>Many survey respondents (40%) indicated they they were not susceptible to HIV, even though they engaged in risky activities (80% reported never using condoms for heterosexual vaginal sex, 70% had multiple sex partners in the past year) in a population with moderate prevalence of HIV (300 cases / 100,000) and high prevalence of STDs (2100 gonorrhea cases / 100,000).</p> <p>Most (85%) of survey respondents did not know where to get tested for STDs or HIV.</p>

<b>Intervention Type</b>	<b>Description</b>	<b>Immediate Outcomes</b>	<b>Rationale</b>
<i>GLI</i>	BART (from compendium) – intervention designed to increase the amount of protected sex in this target population, promote condom use, and reduce the number of sexual partners. Intervention provided at site and time readily accessible to African American Youth.	<ul style="list-style-type: none"> <li>• Increased condom use.</li> <li>• Fewer sexual partners.</li> <li>• Greater ability to talk with partner about risk behavior.</li> <li>• Greater ability to talk with partner about using condoms.</li> <li>• Provide referrals to other HIV prevention interventions.</li> </ul>	<p>See rationale for Outreach.</p> <p>Focus groups indicated that youth did not feel comfortable about discussing sexual activities and protection with their partners.</p>
<i>PC</i>	Prevention counseling designed to assist high-risk clients develop a risk reduction plan and gain skills to enable them to implement their plan, and to determine current HIV status. Intervention provided at site and time readily accessible to African American Youth.	<ul style="list-style-type: none"> <li>• Develop risk reduction plans</li> <li>• Know HIV status.</li> <li>• Gain personalized skills in helping to reduce risk according to plan.</li> <li>• Provide referrals to other HIV prevention interventions.</li> </ul>	<p>See rationale for GLI.</p> <p>Surveys, focus groups and key informant interviews indicated many individuals (20%) needed in-depth personalized prevention messages and assistance in planning their risk reduction.</p>

<b>Intervention Type</b>	<b>Description</b>	<b>Immediate Outcomes</b>	<b>Rationale</b>
<i>STD screening</i>	Identify and treat STD and HIV infected individuals in the community. Also provides an avenue for referral into primary and secondary prevention programs. Intervention provided at site and time readily accessible to African American Youth.	<ul style="list-style-type: none"> <li>• Test high-risk clients for STDs.</li> <li>• Provide referrals to other HIV prevention interventions.</li> <li>• Provide access to HIV testing.</li> </ul>	High prevalence of STDs (2100 gonorrhea cases / 100,000) and the scientific literature that indicates a high proportion of infections without symptoms.
<i>Community-Level</i>	media campaign to bring awareness of risk of HIV and STDs in African American youth in their community, expressing the need for parent involvement in their kids education and promoting community unity to deal with the issue. Intervention provided at site and time readily accessible to African American Youth.	<ul style="list-style-type: none"> <li>• Increase awareness of HIV/STD/HCV morbidity in African American Youth in the community.</li> <li>• Increase awareness of HIV/STD/HCV prevention programs in the community.</li> <li>• Increase the number of government and non-government agencies who attend CPG meetings.</li> </ul>	<p>General lack of awareness of HIV and STD infections in the community and lack of knowledge of where to access services.</p> <p>No sex education provided in local school districts, and HIV providers are prohibited from using school and civic buildings for prevention activities for this population due to their "promotion of sex".</p>